

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
RECEIVED
OCT 27 2021

Bayfield Co.
Planning and Zoning Agency

Permit #:	21-0396
Date:	11-30-21
Amount Paid:	\$1025.00 850 - TBA 175 - 11-2-21 JIG
Refund:	Reconnect \$50 11-15-21 fig

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input checked="" type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:		Mailing Address:			City/State/Zip:		Telephone:		
William W. Midwood		407 Country Lane			Des Plaines, IL 60016		(630) 730-6230		
Address of Property:		City/State/Zip:					Cell Phone:		
12015 Bearsdale Rd		Drummond, WI 54832							
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:			
Jake Kinnunen		(715) 558-6538		Superior Plumbing & Mechanical		715-413-0122			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached			
Mike Furtak		(715) 817-2034		6173 Iron Lake Rd Iron River, WI 54847		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Tax ID#		Recorded Document: (Showing Ownership)			
NW 1/4, NW 1/4				14757		2021R 589877			
Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #	
NW 1/4, NW 1/4									
Section 25		Township 44 N, Range 8 W		Town of: Drummond		Lot Size		Acreage	
								40	

<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : 71 feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$250,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Conv	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/>	<input checked="" type="checkbox"/> Walkout	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/>	<input type="checkbox"/> Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Year Round	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 35	Width: 30	Height: 32' 1 3/8"

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(35 x 30)	1,050
		with Loft	(12.5 x 15)	187.5
		with a Porch	(X)	
		with (2nd) Porch	(X)	
		with a Deck	(10 x 34.33)	343.3
<input type="checkbox"/> Commercial Use		with (2nd) Deck	(14 x 16)	224
		with Attached Garage	(26 x 24)	624
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date _____

Authorized Agent: Mike Furtak
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date 10-20-2021

Address to send permit 6173 Iron Lake Rd, Iron River, WI 54847
Attach Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed

Original Application MUST be submitted



In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

see attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements	Description	Setback Measurements
Setback from the Centerline of Platted Road	690+ Feet	Setback from the Lake (ordinary high-water mark)	71 Feet
Setback from the Established Right-of-Way	660+ Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line	150+ Feet		
Setback from the South Lot Line	1,000+ Feet	Setback from Wetland	70+ Feet
Setback from the West Lot Line	400+ Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Lake Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	in bldg Feet
Setback to Drain Field	30 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 389275	# of bedrooms: 3	Sanitary Date: 7-13-01
Permit Denied (Date):	Reason for Denial:		
Permit #: 21-0396	Permit Date: 11-30-2021		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District (F-1) Lakes Classification (3)	
Date of Inspection: 11/5/21	Inspected by: [Signature]	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.) Build as proposed Maintain setbacks Get Required UDC inspections			
Signature of Inspector: [Signature]			Date of Approval: 11/30/21
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

TOWN BOARD RECOMMENDATION - - (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 - Washburn, WI 54891
Phone - (715) 373-6138
Fax - (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:
www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

NOV 01 2021
Bayfield Co.
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. **Attach a copy of the County Application (8 1/2 x 14) [front/back].** This is a **Class A** special use request. **Note:** The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner William W. Midwood Contractor James Mellum
Property Address 12015 Bearsdale Rd Authorized Agent Mike Furtak
Drummond, WI 54832 Agent's Telephone (715) 817-2034
Telephone (630) 730-6230 Written Authorization Attached: Yes ☒ No ()

Accurate Legal Description involved in this request (specify **only** the property involved with this application)

NW 1/4 of NW 1/4, Section 25, Township 44 N., Range 8 W. Town of Drummond

Govt. Lot _____ Lot _____ Block _____ Subdivision _____ CSM# _____

Volume 2021R Page 589877 of Deeds Tax I.D.# 14757 Acreage 40

Additional Legal Description: _____

Applicant: (State what you are asking for) Zoning District: F-1 Lakes Classification 3

Replace an existing residence in a Forestry-1
Zoning district.

We, the Town Board, **TOWN OF** Drummond, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

All improvements are welcome.

** THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department **not a copy or fax**

**** NOTE:**

Receiving Town Board approval, **does not** allow the start of construction or business, you **must** first obtain your permit card(s) from the Planning and Zoning Department.

Revised: August 2018

u/forms/townboardrecommendation-ClassA

Signed:

Chairman: Royce Ba

Supervisor: Chad B. E

Supervisor: Jim H

Supervisor: _____

Clerk: Debra Latta

Date: 10/19/21

Bayfield County, WI



RECEIVED

NOV 10 2021

BAYFIELD COUNTY
SANITARY PERMIT APPLICATIONZoning District F-1Lakes Class 3Bayfield Co.
Planning and Zoning Agency\$50.00
11-15-21
JTB

ENTERED

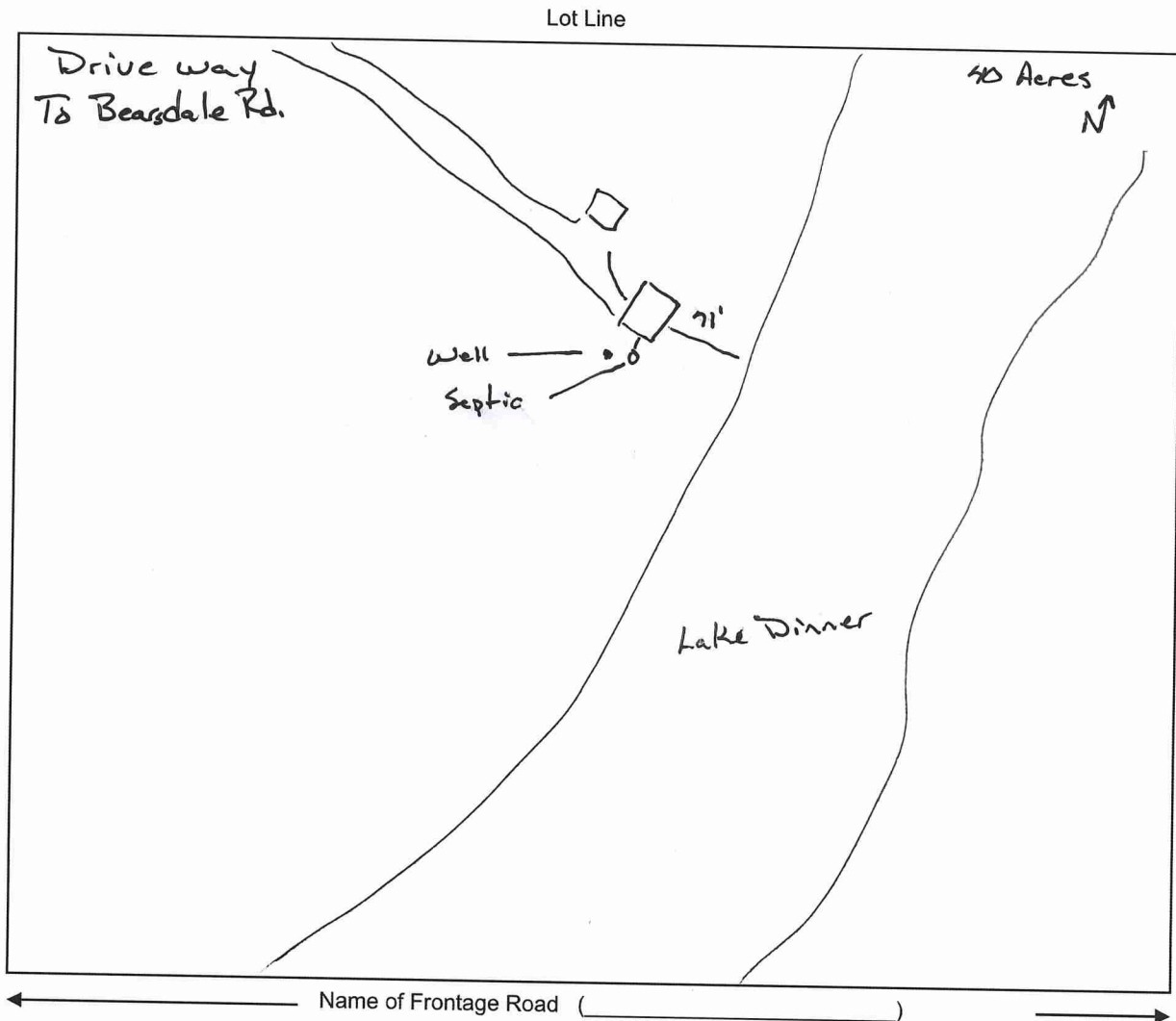
I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No:		County Permit No:				
Property Owner's Name: <u>William W. Midwood</u>				County: <u>Bayfield</u>						
Address of Property: <u>12015 Beardsdale Rd.</u>				Property Location: <u>NW 1/4 NW 1/4, S 25 T 44 N, R 8 E (or W)</u>						
Property Owner's Mailing Address: <u>407 Country Ln</u>				Township: <u>Drummond</u>		Gov. Lot #:				
City, State <u>Des Plaines, IL</u>	Zip Code <u>60016</u>	Phone Number <u>630-730-6230</u>	Lot #	Block #:	CSM #:	CSM Doc #	Subdivision Name			
II. TYPE OF BUILDING: (Check One) <u>630-730-6230</u>										
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>1</u>				Tax ID#: <u>14757</u>						
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)										
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input checked="" type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)										
B) <input checked="" type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: <u>389275</u> Date Issued: <u>8/1/01</u> (30cd)										
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above										
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet										
V. ABSORPTION SYSTEM INFORMATION:										
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)				
VI. TANK INFORMATION:										
Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
New Tanks	Existing Tanks									
Septic Tank or Holding Tank										
Lift Pump Tank / Siphon Chamber										
VII. RESPONSIBILITY STATEMENT:										
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.										
Owner's Name(s): (Print) If applying for Section C above <u>William W. Midwood</u>					Owner's Signature(s): (No Stamps)					
Plumber's Name: (Print) If applying for Section A or B) above <u>Edward B. Redinger</u>					Plumber's Signature: (No Stamps) <u>Edward B. Redinger</u>			MP/MPSRW No: <u>221939</u>		
Plumber's Address: (Street, City State, Zip Code) <u>1015 11th Ave E Ashland, WI 54806</u>					Home Phone: <u>715-278-3456</u>			Business Phone: <u>715-292-6670</u>		
VIII. COUNTY / DEPARTMENT USE ONLY										
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: <u>50.00 pd</u>		Date Issued:		Issuing Agent's Signature / Date: <u>Walter 1423713 11/30/21</u>				
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:										

Plot Plan on reverse side



RECOVER

RECOVER



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

<ol style="list-style-type: none"> a. Building to all lot lines b. Building to centerline of road c. Building to lake, river, stream or pond d. Septic / holding tank to closest lot line e. Septic/holding tank to building f. Septic / holding tank to well g. Septic / holding tank to lake, river, stream or pond h. Privy to closest lot line 	<ol style="list-style-type: none"> i. Privy to building j. Privy to lake, river, stream or pond k. Drain field to closest lot line l. Drain field to building m. Drain field to well n. Drain field to lake, river, stream or pond o. Well to building
--	---

**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

RECEIVED

OCT 27 2021

Bayfield County Impervious Surface Calculations

Bayfield Co.
Planning and Zoning Agency

These calculations are **REQUIRED** per WI Admin Code NR 115.05(1)(e) and Section 13-1-32(g) and 13-1-40(h) of the Bayfield County Code of Ordinances. The undersigned hereby makes application for construction, reconstruction, expansion, replacement or relocation of any impervious surface within 300 feet of the ordinary high water mark and agrees that all activities shall be in accordance with the requirements of the Bayfield County Code of Ordinances and all other applicable ordinances and the laws of the State of Wisconsin.

Pursuant to Chapter 1, Title 13, Section 13-1-106(d) of the Bayfield County Zoning Ordinance(s), Planning and Zoning Department employees assigned to inspect properties shall have access to said properties to make inspections.

Property Owner(s): <i>William W. Midwood</i>				
Mailing Address: <i>Des Plaines, IL 407 Country Lane, 60016</i>		Property Address <i>54832 12015 Bearsdale Rd, Drummond, WI</i>		
Legal Description: <i>NW 1/4, NW 1/4</i>		Section, Township, Range Sec <i>25</i> Township <i>44</i> N, Range <i>8</i> W		
Authorized Agent/Contractor <i>Mike Furtak</i>		Gov't Lot	Lot #	CSM#
Vol & Page				
Lot(s) #	Block(s) #	Subdivision		Town of: <i>Drummond</i>
Parcel ID # (PIN #) <i>04-018-2-44-08-25-2 02-000-10000</i>		Tax ID # <i>14757</i>		Date: <i>9-30-2021</i>

Impervious Surface: An area that releases as runoff all or a majority of the precipitation that falls on it. "Impervious surface" excludes frozen soil but includes rooftops, sidewalks, driveways, parking lots and streets unless specifically designed, constructed and maintained to be pervious.

Calculation of Impervious Surface: Percentage of impervious surface shall be calculated by dividing the surface area of existing and proposed impervious surfaces on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark by the total surface area of the lot or parcel, multiplied by 100.

Impervious Surface Standard: Allow up to 15% impervious surface but not more than 30% impervious surface on the portion of a lot or parcel that is within 300 feet of the ordinary high water mark. A permit can be issued for development that exceeds 15% impervious surface but not more than 30% impervious surfaces with a mitigation plan that meets the requirements of the Bayfield County Ordinance(s).

Existing Impervious Surfaces: For existing impervious surfaces that were lawfully placed when constructed but that do not comply with the standards in Section(s) 13-1-32(g) and Section 13-1-40(h), the property owner may do any of the following:

- a. Maintenance and repair of all impervious surfaces;
- b. Replacement of existing impervious surfaces with similar surfaces within the existing building footprint;
- c. Relocation or modification of existing impervious surfaces with similar or different impervious surfaces, provided that the relocation or modification does not result in an increase in the percentage that existed on the effective date of the county shoreland ordinance, and meets the applicable setback requirements in Section 13-1-32.

Impervious Surface Item

Dimension

Area (Square Footage)

Existing House	To be removed	
Existing Accessory Building/Garage	30' x 40'	1,200
Existing Sidewalk(s), Patio(s) & Deck(s)		
Existing Covered Porch(es), ^{pkg} Driveway & Other Structures ^{area}	30' x 75' 190' x 10'	2,250 1,900
Proposed Addition /House	36.33' x 49'	1,780.17
Proposed Accessory Building/Garage	26' x 24'	624
Proposed Sidewalk(s) & Patio(s) ^{laundry room etc}	12.5' x 13'	187.5
Proposed <u>Covered Porch</u> (es) & Deck(s)	8' x 16'	128
Proposed Driveway		
Proposed Other Structures		
Total:		8,069.67

- a. Total square footage of lot: 29 ac (43,560) = 1,263,240
- b. Total impervious surface area: 8,069.67
- c. Percentage of impervious surface area: $100 \times (b)/a =$.63%

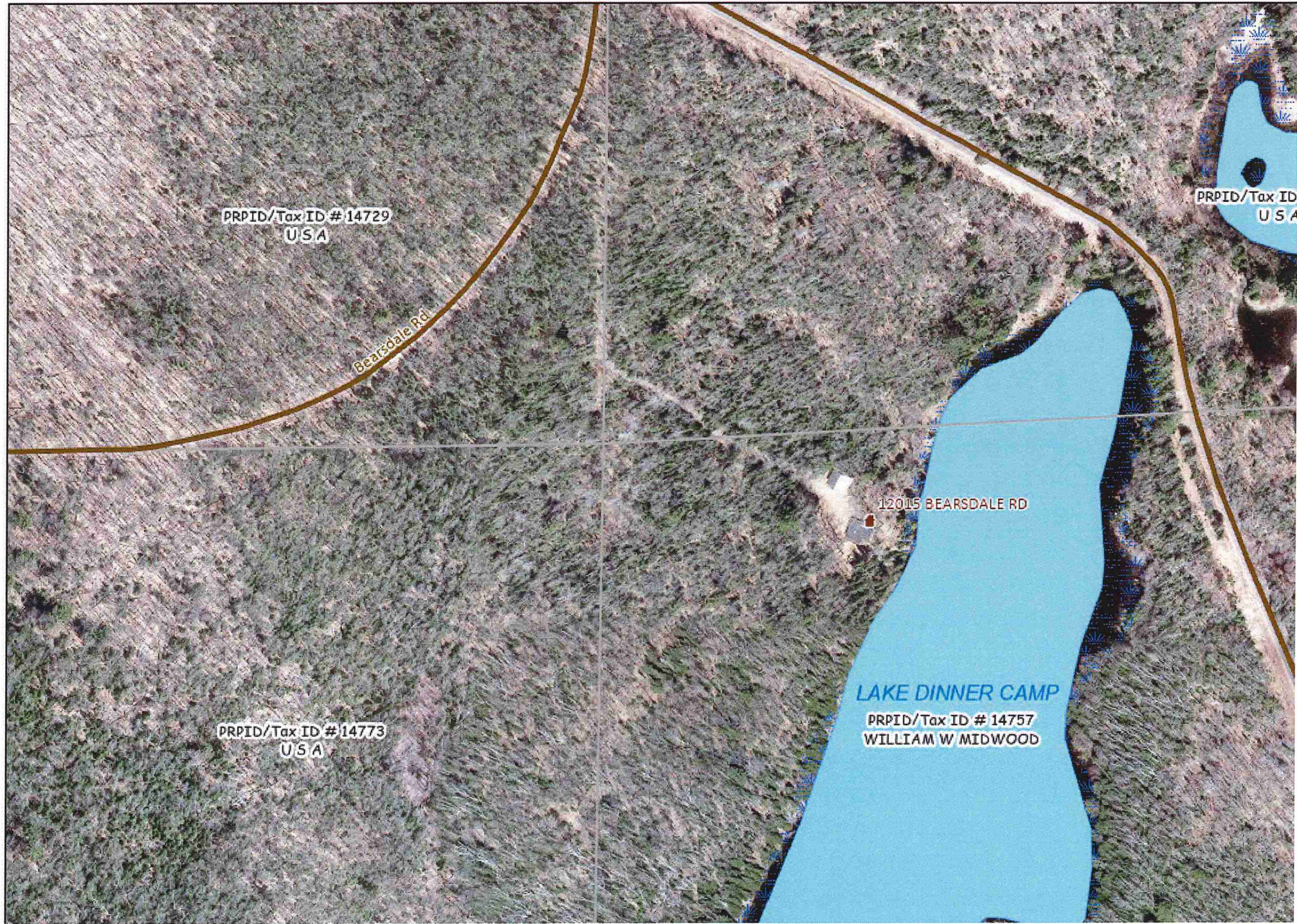
If the proposed impervious surface area is greater than 15% mitigation is required.

Total square footage of additional impervious surface allowed: @ 15% 191,416 @ 30% 370,902

Issuance Information (County Use Only)		Date of Inspection:
Inspection Record:	<i>NO CONCERNS</i>	Zoning District (<u>F-1</u>)
		Lakes Classification (<u>3</u>)
Condition(s):		Stormwater Management Plan Required:
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Inspector: <i>[Signature]</i>		Date of Approval: <u>11/5/21</u>

75
-65
PER

Bayfield County, WI



PRPID/Tax ID # 14729
USA

Bearsdale Rd

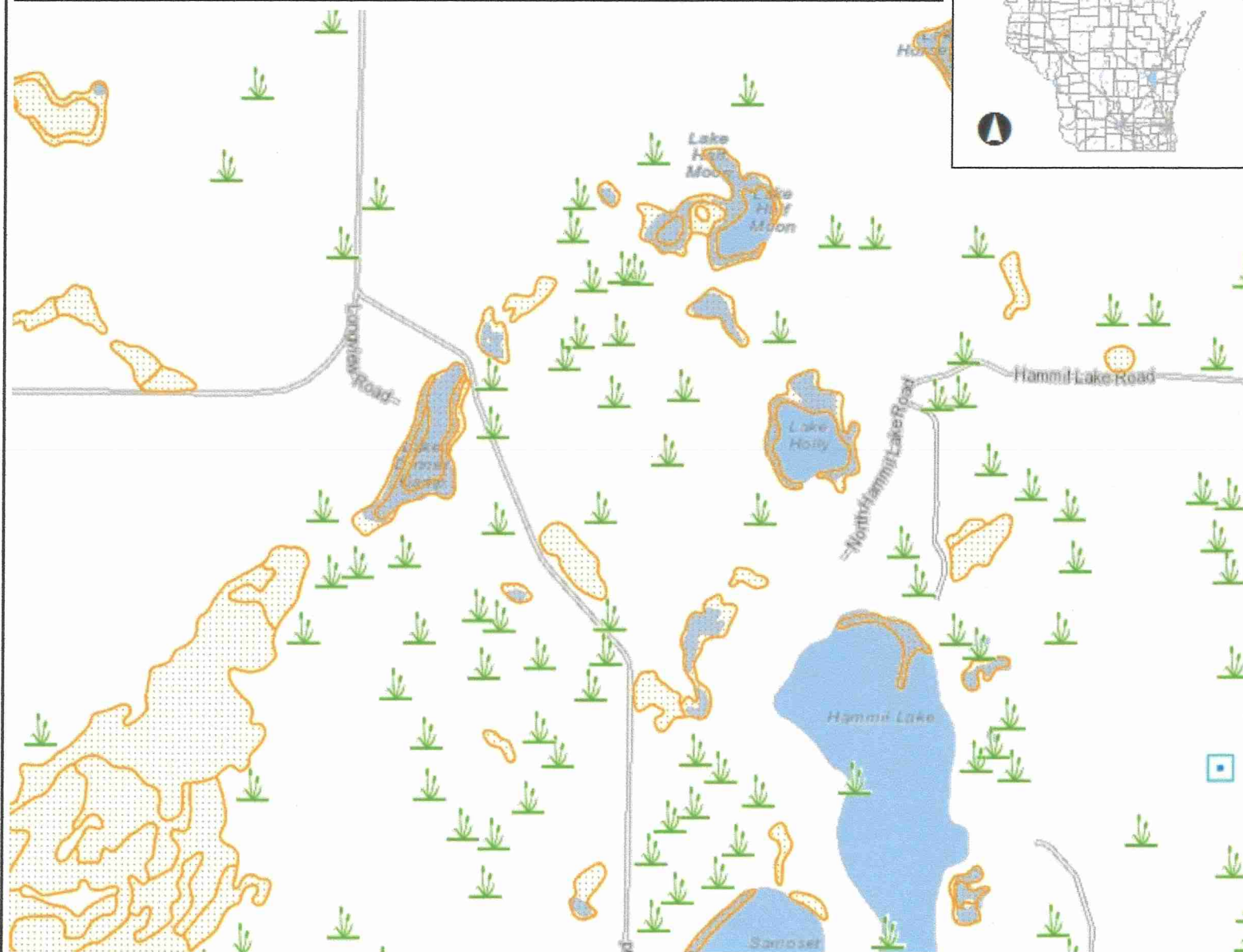
12015 BEARSDALE RD

LAKE DINNER CAMP

PRPID/Tax ID # 14773
USA

PRPID/Tax ID # 14757
WILLIAM W MIDWOOD

PRPID/Tax ID # 14757
WILLIAM W MIDWOOD

































NAD_1983_HARN_Wisconsin_TM

1: 15,840

DISCLAIMER: The information shown on these maps has been obtained from various sources, and are of varying age, reliability and resolution. These maps are not intended to be used for navigation, nor are these maps an authoritative source of information about legal land ownership or public access. No warranty, expressed or implied, is made regarding accuracy, applicability for a particular use, completeness, or legality of the information depicted on this map. For more information, see the DNR Legal Notices web page: <http://dnr.wi.gov/legal/>

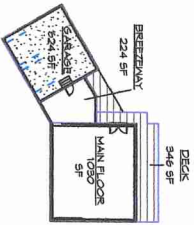
Legend

-  Wetland Class Areas
- Wetland Class Points**
-  Dammed pond
-  Excavated pond
-  Filled/drained wetland
-  Wetland too small to delineate
-  Filled excavated pond
-  Filled Points
-  Wetland Class Areas
-  Filled Areas
-  Wetland Class Areas
- Wetland Class Points**
-  Dammed pond
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-  Filled excavated pond
-  Filled Points
-  Wetland Class Areas
-  Filled Areas
-  Wetland Identifications and Confirmations
-  Municipality
-  State Boundaries
-  County Boundaries
- Major Roads**
-  Interstate Highway
-  State Highway
-  US Highway
- County and Local Roads**
-  County HWY
-  Local Road
-  Railroads
-  Tribal Lands
-  Rivers and Streams

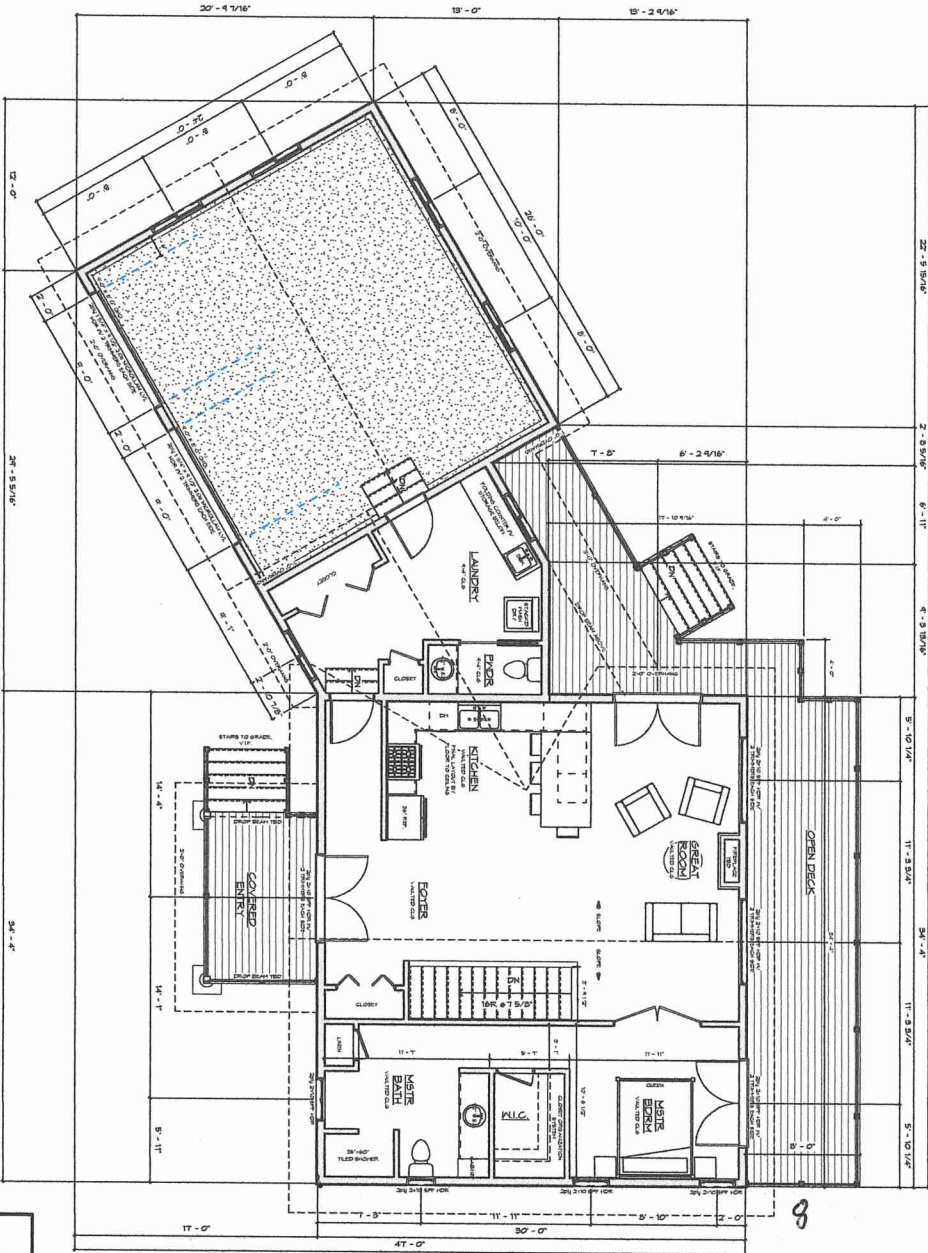
Notes



1 BASEMENT PLANS
A3 1/4" = 1'-0"



2 MAIN FLOOR PLAN
A3 1/4" = 1'-0"



ISSUED FOR PERMIT

NOT FOR CONSTRUCTION

ISSUED FOR PERMIT

REMODELED HOME OF
BILL MIDWOOD
BASEMENT & MAIN FLOOR PLANS

A3

ISSUED: 9/23/21
REVISED: 10/23/21
SCALE: SEE PLAN
DRAWN BY: J.L.K.
CHECKED BY: J.L.K.
JOB #: 21-146

THESE PLANS ARE A REVISION OF THE PREVIOUS EDITION. ANY CHANGES TO THE PREVIOUS EDITION SHALL BE INDICATED BY A REVISION NUMBER. THE REVISION NUMBER SHALL BE INDICATED BY A CIRCLE WITH A NUMBER. THE REVISION NUMBER SHALL BE INDICATED BY A CIRCLE WITH A NUMBER.



SHEET
OF
S1
SHEETS

ISSUED: 10/14/21
REVISED:
SCALE: SEE PLAN
DRAWN BY: J.L.S.
CHECKED BY: J.R.M.
JOB #: 21-140

WE HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.
NELSON LUMBER & DESIGN
2401

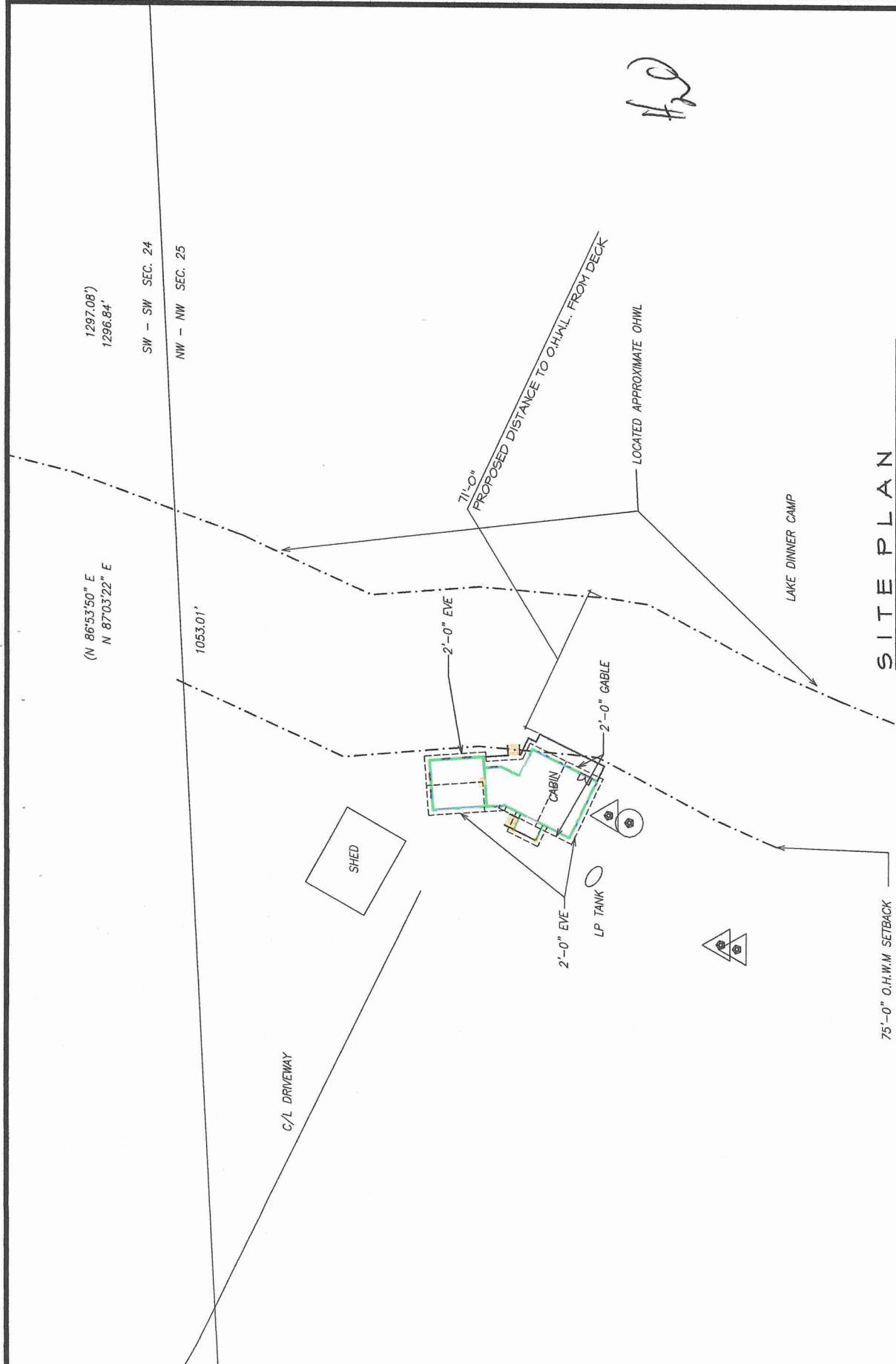
PROPOSED RENOVATION FOR:
BILL MIDWOOD
SITE PLAN

NELSON DESIGN
1805W INDEPENDENT RD.
SANDWICH, MI 49783
PHONE: (734) 634-4569
NELSONLUMBER.COM



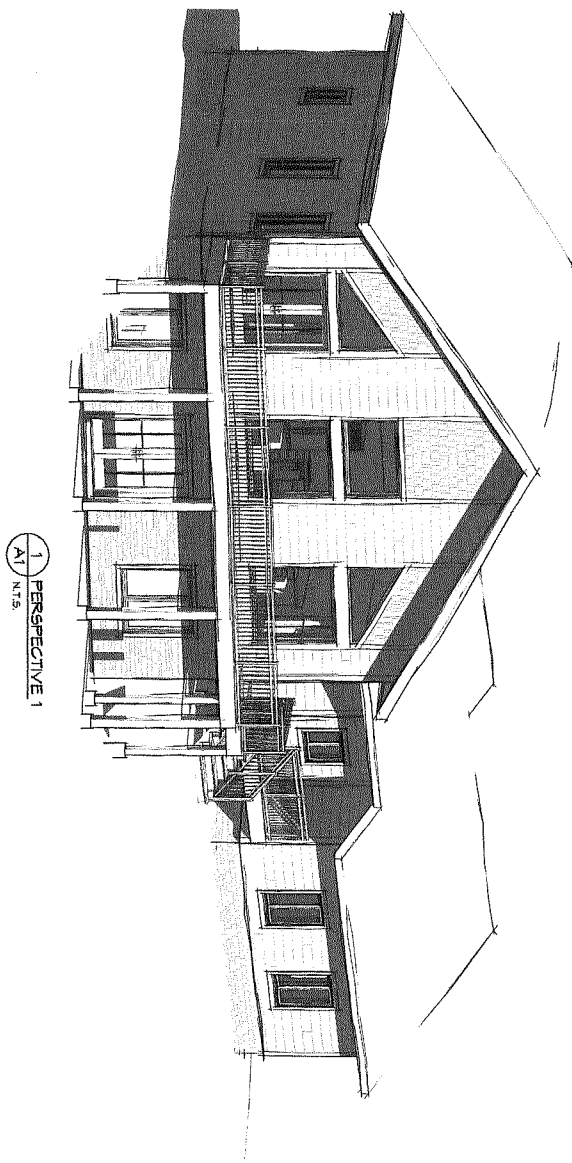
PRELIMINARY

SITE PLAN
SCALE: 1" = 30'-0"





2A



1
A1
NTS
PERSPECTIVE 1

ISSUED FOR PERMIT

NOT FOR CONSTRUCTION

ISSUED FOR PERMIT



REMODELED HOME OF
BILL MIDWOOD
PERSPECTIVES

THIS DRAWING IS A PRELIMINARY
DESIGN AND IS NOT TO BE USED FOR
CONSTRUCTION. IT IS THE PROPERTY
OF NELSON DESIGN AND IS NOT TO
BE REPRODUCED OR USED IN ANY
MANNER WITHOUT THE WRITTEN
CONSENT OF NELSON DESIGN.

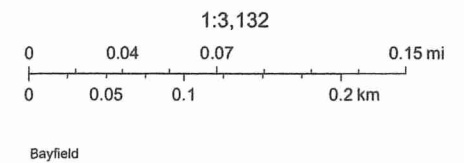
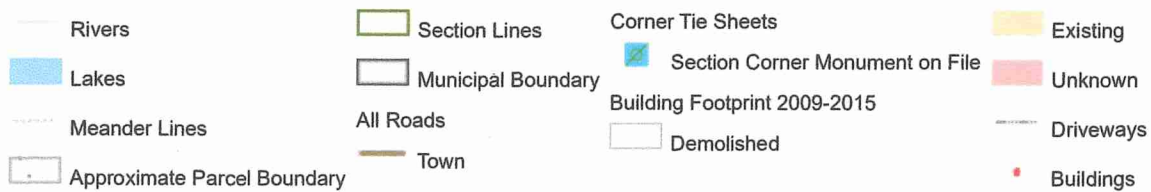
DATE: 2/1/16
DRAWN BY: JLM
CHECKED BY: JLM
SCALE: SEE PLAN
REVISED: 10/22/21
DESIGN: 9/23/21

A1

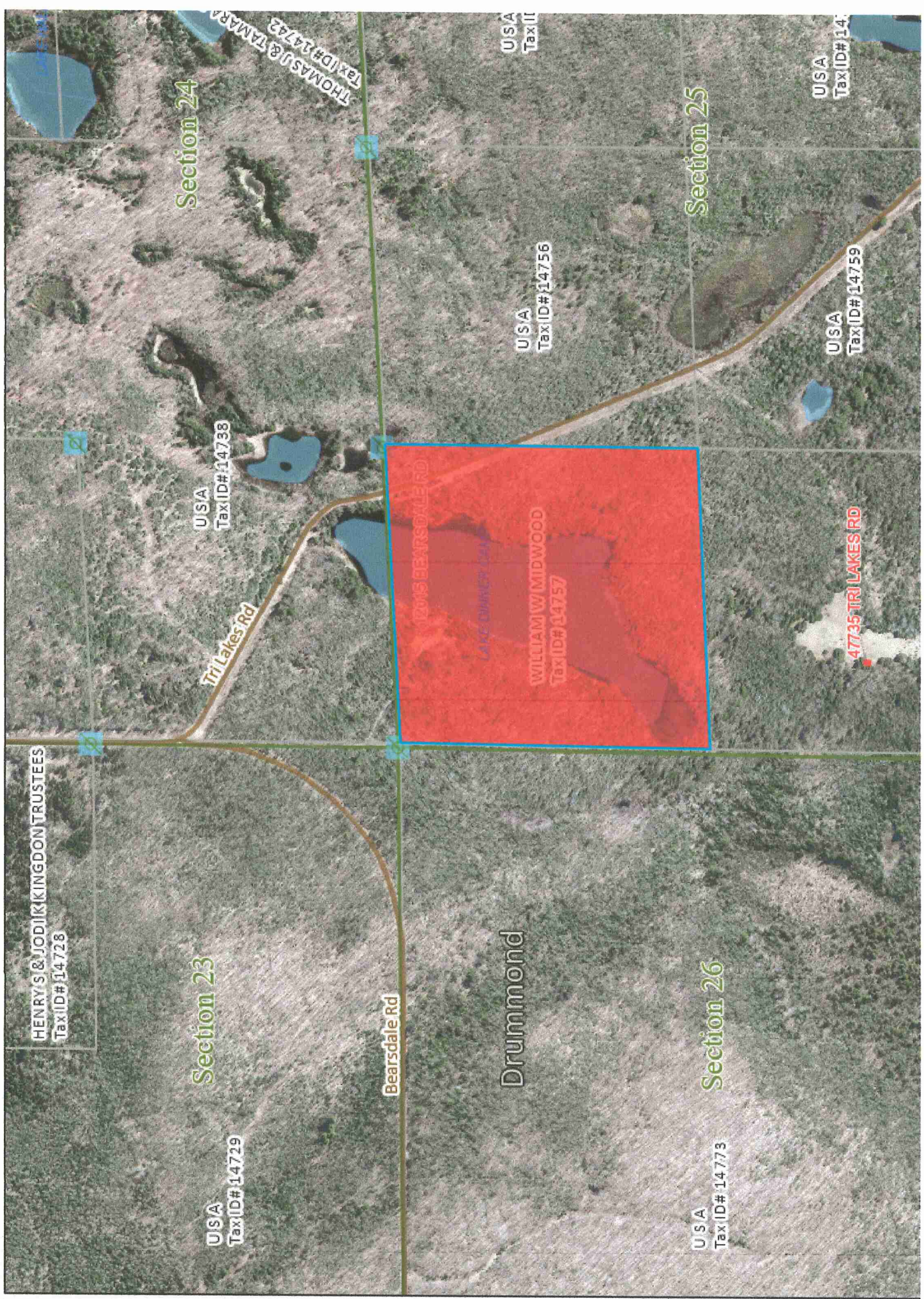
Bayfield County, WI



10/1/2021, 10:42:09 AM



Bayfield County, WI



Zoning Consulting Services Disclosure

1. I (we) acknowledges that North Star Realtors and John Podlesny, (John Podlesny owner of North Star Realtors), have no interest in Zoning Consulting Services as Zoning Consulting Services and Mike Furtak, owner of Zoning Consulting Services are completely independent of North Star Realtors for this zoning application transaction.
2. Mike Furtak is a licensed Realtor in Wisconsin working as a sales associate for North Star Realtors.
3. I (we) grant permission to Mike Furtak and all vendors whose services are required to obtain the desired zoning permits access to the subject property/properties.
4. I (we) authorize Mike Furtak of Zoning Consulting Services to act as our agent to represent our interests during the application process to obtain the required zoning permit(s).
5. I (we) acknowledge that we are responsible for all costs of services provided by vendors and/or other entities to obtain the required permit(s).
6. I (we) hereby understand that by contracting Mike Furtak and Zoning Consulting Services there is **NO GUARANTEE** the desired permit(s) will be approved by the issuing authorities.
7. It is the responsibility of the property owner/contractor/plumber to obtain a Uniform Dwelling Code (UDC) or sanitary permit if required.

The undersigned parties have read and understand the above terms of this disclosure and agree to abide by all terms.

Sign William W Midwood

Print Name: ~~Steve F. Backlund~~

Date 9/15/2021

Sign William W Midwood

Print Name: ~~Terri B. Backlund~~

Date _____

From: wmidwood
Sent: Saturday, October 2, 2021 9:20 AM
To: mfurtak11@gmail.com
Cc: Cathy Midwood
Subject: Bearsdale Property Information / Midwood

Mike,
I texted you the information yesterday to your 715-817-2034 number but I'm not sure you received it. Here's the additional information we discussed:
Jake Kinnunen, Saw Horse Construction, 715-558-6538 is the General Contractor.
Ed Redinger, Superior Plumbing and Mechanical, 715-413-0122 is the Plumber
Please confirm that you have received either the text or this email.
Thanks for all of your help.
Bill Midwood
Cell: 630-730-6230

Sent from my Verizon, Samsung Galaxy smartphone

Real Estate Bayfield County Property Listing

Today's Date: 9/15/2021

Property Status: **Current**

Created On: 3/15/2006 1:15:21 PM

Description

Updated: 8/13/2021

Tax ID: 14757
PIN: 04-018-2-44-08-25-2 02-000-10000
Legacy PIN: 018110706000
Map ID:
Municipality: (018) TOWN OF DRUMMOND
STR: S25 T44N R08W
Description: NW NW IN DOC 2021R-589877 859
Recorded Acres: 40.000
Calculated Acres: 38.983
Lottery Claims: 0
First Dollar: Yes
Zoning: (F-1) Forestry-1
ESN: 111

Tax Districts

Updated: 3/15/2006

1 STATE
04 COUNTY
018 TOWN OF DRUMMOND
041491 SCHL-DRUMMOND
001700 TECHNICAL COLLEGE

Recorded Documents

Updated: 3/15/2006

WARRANTY DEED

Date Recorded: 7/21/2021

2021R-589877

CONVERSION

Date Recorded:

468267 586-352;808-730

Ownership

Updated: 8/13/2021

WILLIAM W MIDWOOD

DES PLAINES IL

Billing Address:

WILLIAM W MIDWOOD
407 COUNTRY LANE
DES PLAINES IL 60016

Mailing Address:

WILLIAM W MIDWOOD
407 COUNTRY LANE
DES PLAINES IL 60016



Site Address * indicates Private Road

12015 BEARSDALE RD

DRUMMOND 54832



Property Assessment

Updated: 8/9/2021

2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	2.000	62,000	72,900
G5-UNDEVELOPED	12.000	600	0
G6-PRODUCTIVE FOREST	26.000	52,000	0

2-Year Comparison

	2020	2021	Change
Land:	115,500	114,600	-0.8%
Improved:	56,100	72,900	29.9%
Total:	171,600	187,500	9.3%



Property History

N/A

Jake

James Mellom

715-934-4023, 715-634-4569

wmidwood@aol.com

630-730-6230

deck

Town, City, Village, State or Federal
Permits May Also Be Required
LAND USE – **X** (Impervious Surface)
(Shoreland/Wetlands)
SANITARY – **X** (Reconnect)
SIGN –
SPECIAL – **TBA** (Town of Drummond-11/1/2021)
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **21-0396** Issued To: **William Midwood**

Location: **NW** ¼ of **NW** ¼ Section **25** Township **44** N. Range **8** W. Town of **Drummond**

Gov't Lot Lot Block Subdivision CSM#

Residential

For: **Residence: [1-Story], Residence (35' x 30'); Laundry Room (12.5' x 15'); Deck (10' x 34.33');
Deck #2 (14' x 16'); Attached Garage (26' x 24'). Height of 32'1.3/8"**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as Proposed. Obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain setbacks.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Tracy Pooler, AZA

Authorized Issuing Official

November 30, 2021

Date